Dominion Energy®
Powering Your Every Day.

Small Business Improvement Enhanced Program
Rebate Application for Virginia

DEV-SBIE-7AM_v0826

INSTRUCTIONS TO APPLY

1. CHECK PROJECT AND EQUIPMENT ELIGIBILITY

- Read all Terms and Conditions carefully to confirm your eligibility to participate in the Small Business Improvement Enhanced Program. Visit DomSavings.com to view the full list of qualifying measures and please note customer eligibility must be confirmed prior to the participating contractor performing work at any customer location.

2. COMPLETE AN ENERGY ASSESSMENT

- A walk-through energy assessment completed by a participating contractor is required for all projects, detailing the recommended measures for installation.
- Some direct install measures may be installed immediately with minimal effort and investment.

3. INSTALL EQUIPMENT OR PERFORM PROJECT WORK

- Have the participating contractor install the equipment.

4. SUBMIT A REBATE APPLICATION

- Once the work has been completed your contractor will work with you to submit a rebate application for each eligible location.
- Submit a rebate application with a copy of the dated contractor invoice within 45 days of the service date and product invoice(s). Product specification sheets must also be submitted for applicable measures.
- Submit the rebate application in one of three ways below:
  - Email: SBIrebateapps@honeywell.com
  - eFax: 804-621-2241
  - Mail: Honeywell Smart Energy
    3951 Westerre Parkway, Suite 350
    Richmond, VA 23233
- You may be contacted for a post-installation quality assurance inspection to verify that your application meets program guidelines.

5. RECEIVE INCENTIVE PAYMENT

- When your rebate application is approved a rebate check will be mailed to you or the participating contactor.

TERMS AND CONDITIONS FOR DOMINION ENERGY VIRGINIA

These terms and conditions apply to the Small Business Improvement Enhanced Program ("Program"). The Program was approved by the Virginia State Corporation Commission.

Any reference in these documents to "Dominion," "Dominion Energy," or "Dominion Energy Virginia" should be read as a reference to Virginia Electric and Power Company d/b/a Dominion Energy Virginia, as well as its authorized agents and contractors.

ENROLLMENT QUALIFICATIONS AND REQUIREMENTS FOR PARTICIPATION

1. Service must be performed on or after January 1, 2026.
2. Program participant must be a Dominion non-residential customer of a privately-owned business that has not exceeded monthly demand of 200 kilowatts 3 or more times in the past 12 months, is responsible for the electric bill and is the owner of the facility or reasonably able to secure permission to complete measures ("Customer").
3. Customer is eligible for more than one rebate per location during the Program time period.
4. Customer who has previously received a rebate for the Non-Residential Energy Audit Program, Duct Testing and Sealing Program, or Small Business Improvement Program is not eligible to receive another rebate for installing the same measure on the same unit as part of this Program, unless the measures life has expired per the program design.
5. Work must be completed by a participating contractor in the Small Business Improvement Enhanced Program when the work begins.
6. Dominion and/or its designees including program administrators and evaluation contractors reserve the right to review installations to verify completion and measure energy savings to ensure compliance with all Program requirements. Such reviews will be made at a time convenient to the Customer. Denial of such verification or misrepresentation of installation location or measure eligibility may result in forfeiture of the rebate.
7. Service must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
8. The Customer understands that it may be contacted by Dominion via survey or questionnaire to provide feedback regarding Customer satisfaction with the program.
9. The Customer understands that through participation in this energy conservation program and receiving a rebate, they are ineligible to opt out of energy efficiency riders for a period of three years following their year of participation.

PAYMENT

1. Rebate application must be submitted within 45 days of the service date. Failure to provide any of the required information will delay processing of Customer's application and could result in nonpayment. It is the responsibility of the Customer to assure that all requirements for the rebate are met. Dominion retains the right to deny participation to Customer for failure to comply with the enrollment qualifications and requirements for participation.
2. Rebate payments are based on the date of service. Customers must abide by the rules and rebate levels in effect on the date of service.
3. Rebate payments will be capped at a maximum limit of 75% of Customer's total invoice amount based on the eligible incentives on Customer's rebate application.
4. Payment will be issued to the account holder and mailing address on record with the utility unless the Customer has authorized in writing that payment be made to the contractor specified in this document.
5. Please allow up to 90 days from the date all required information is received to process your rebate.
6. Customer is urged to seek appropriate consultation concerning any tax liabilities that could be associated with the receipt of the rebate.

OTHER REQUIREMENTS

1. Program procedures, requirements and rebate levels are subject to change or cancellation without notice and are subject to Program funds being available and regulatory approval.
2. Dominion, its parents, subsidiaries, employees, affiliates and agents assume no responsibility for, and make no representations (express or implied) about, the performance of the equipment or equipment warranty, for equipment supplied or serviced by, the quality of the work or, labor performed by, the quality of the materials supplied by, and/or the acts or omissions of, itself or any participating contractor.
3. By participating in this Program, the Customer hereby agrees to indemnify, defend and hold harmless Dominion, its parents, subsidiaries, employees, affiliates, contractors, and agents from any and all liability associated with the Program. Dominion shall not be liable for loss or damage to any person or property whatsoever, resulting directly or indirectly from participation in this Program.
4. Dominion retains all rights to energy and demand savings resulting from measures installed under this Program for a maximum of four years. Dominion has the exclusive right to enroll, nominate, or offer a bid for energy or demand reductions resulting from measures installed under this Program into load management programs, demand response programs, or auctions operated by PJM Interconnection, L.L.C. ("PJM"), the regional electric transmission organization of which the Company is a member. Customer's participation in this Program means that the Customer is consenting to Dominion sharing the Customer's pertinent information with PJM, Dominion's agents, and contractors, including, but not limited to, its implementing contractors and its measurement and verification vendor. Pertinent Customer information includes, but is not limited to, energy usage and billing information, account holder name, account number, address, other contact information, measures installed, period of installation, demand/energy reductions resulting from measures installed under this Program and the technical basis for such reductions, loss factors, coincidence factors, interactive factors, building type and other information necessary to implement and monitor the Program, including other information as required by PJM or any other regulatory authority.
5. Customer understands and affirms that the installed measures associated with this rebate application have not been, and will not be, incentivized or otherwise financially supported by any other Dominion Energy-sponsored energy efficiency program. Under no circumstances may a program measure be incentivized twice except as otherwise noted in the Program Terms and Conditions regarding allowances for multiple rebate applications (when applicable).
6. These Program specific terms and conditions are in addition to the terms and conditions of service currently on file with the Virginia State Corporation Commission and contained in any agreement between the Customer and a Program vendor. To the extent there is any conflict among such terms and conditions, these Program specific terms and conditions shall control.

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Virginia Small Business Improvement Enhanced Program
REBATE APPLICATION

APPLICATION CHECKLIST

Complete the checklist below and submit all required documents. Rebate cannot be processed with any missing information or blank fields.

Who is submitting this rebate application? ☐ Customer ☐ Contractor

☐ I _____ **(YOUR INITIALS) HAVE READ THE INSTRUCTIONS AND TERMS AND CONDITIONS ON PAGE 1.**

☐ Completed entire rebate application.

☐ Attached a copy of the Energy Assessment Worksheet or ensured one has been previously submitted.

☐ Attached a copy of the dated invoice from the contractor who performed the work.

☐ Included the Product Specification Sheet for the applicable measures that require a pre-approval.

☐ Ensured Online Assessment entered for customer eligibility by indicating Assessment ID: _____

✔ Submit in one of three ways:

1. Email: SBIrebateapps@honeywell.com
2. eFax: 804-621-2241
3. Mail: Honeywell Smart Energy
3951 Westerre Parkway, Suite 350 • Richmond, VA 23233

CUSTOMER DETAILS

Name on Dominion Energy Account:

Service Address:

City: | State: | Zip Code:

Key Contact Name:

Email Address: *(We will confirm receipt of your application via your e-mail address)*

Phone Number:

Please select one: I ☐ own ☐ lease this non-residential facility.

Dominion Energy Account Number:

REBATE PAYMENT METHOD

I _____ (Your Initials) understand that my rebate incentive in the amount of $ _____ will be paid directly to the contractor specified in this document and recognize that I have received the equivalent value of this amount through services provided, unless I check here ☐ to have the rebate check sent to me.

The following question is optional:

Did the rebate incentive offered by Dominion Energy have any influence in your decision to have the work performed? ☐ Yes ☐ No

By signing this application, I agree to the above terms and conditions. I certify that I am the Dominion Energy Virginia customer and owner or lessee of the business described above, and that I am authorized to take action on the Dominion Energy account listed above.

Customer Name (please print) | Customer Signature | Date

CONTRACTOR DETAILS

Company Name: | Technician Name:

Company Street Address | Service Date: *(Must match date on contractor invoice)*

City: | State: | Zip Code:

Company Phone: | Email Address:

Technician Signature | Date

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Duct Testing and Sealing

Rebate cannot be processed with any missing information. Please use a new form for each additional unit.

BUILDING INFORMATION

No of Units:	No of Floors:	Structure Type (Select one):	Reason (Select one):
		☐ Attached ☐ Detached	☐ Retrofit ☐ Replace Broken ☐ New Install ☐ New Construction

UNIT INFORMATION

Repair Required:	Location:
☐ Yes ☐ No	☐ Rooftop ☐ Garage ☐ Outdoors, On Grade ☐ Mechanical Equipment Room

Manufacturer:	Coil Model:	Serial Number:

Cooling Capacity (Tons):	Heating Capacity (Btu/h):	Conditioned Space (sq. ft.):

Primary Heating Fuel (Select one):	Phase (Select one):
☐ Electric ☐ Non-Electric ☐ None	☐ 1 ☐ 3

AC System Type (Select one):		
☐ Packaged Terminal AC	☐ Split System AC	☐ Single Packaged AC
☐ Air-Cooled Chiller	☐ Water-Cooled Chiller	☐ Split System Heat Pump
☐ Single Packaged Heat Pump	☐ Packaged Terminal Heat Pump	☐ Geothermal Heat Pump

Fan System Type (Select one):	
☐ Air Foil/Backward Incline	☐ Air Foil/Backward Incline with Inlet Guide Vanes
☐ Forward Curved	☐ Forward Curved with Inlet Guide Vanes

SEER:	EER:	COP:	HSPF:

DUCT INFORMATION

Duct Type (Select one):	Duct Testing Method (Select one):	Insulation Level (Select one):
☐ Rigid Sheet Metal, Rectangular	☐ Aerosol Test Equipment ☐ Duct Blaster Pre/Aerosol Post	☐ No Insulation ☐ R2 Insulation
☐ Rigid Sheet Metal, Round	☐ Modified Blower Door Subtraction	☐ R4 Insulation ☐ R6 Insulation
☐ Flex-Duct ☐ Duct Board	☐ Total Leakage Duct Blaster	☐ R8 Insulation

CFM25 Leakage Pre:	CFM25 Leakage % Pre:	CFM25 Leakage Post:	CFM25 Leakage % Post:

REBATE INFORMATION

Calculation	Rebate Amount
$100/ ton per unit x _____ tons	$

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HVAC Tune-Up

Rebate cannot be processed with any missing information. Please use a new form for each additional unit.

CONTRACTOR CHECKLIST

✔ Checklist items marked as "NO" have been corrected

Thermostat has been checked for proper operation ☐	Thermostat is operating properly ☐ Yes ☐ No	☐
Air filter has been inspected ☐	Existing filter is clean or has recently been changed ☐ Yes ☐ No	☐
Primary and secondary condensate drains have been cleaned, inspected and tested ☐	Condensate drains show no sign of leakage ☐ Yes ☐ No	☐
	Plumbing components and traps intact ☐ Yes ☐ No	☐
	Drains free from obstruction ☐ Yes ☐ No	☐
	Drain pan free of biological growth ☐ Yes ☐ No	☐
Evaporator coil has been cleaned and inspected ☐	Coil free of contaminants that could restrict air flow ☐ Yes ☐ No	☐
	Evaporator coil and fins are cleaned and brushed ☐ Yes ☐ No	☐
	Evaporator coil is free of contaminants that could restrict air flow ☐ Yes ☐ No	☐
Evaporator fan and motor has been inspected ☐	Fan or blower has tight connection with blower motor shaft ☐ Yes ☐ No	☐
	Fan can rotate freely ☐ Yes ☐ No	☐
	Blower wheel is free of dust and debris ☐ Yes ☐ No	☐
	Bearings are properly lubricated (if applicable) ☐ Yes ☐ No	☐
All accessible refrigerant lines have been inspected ☐	Line free of any leaks, kinks, crushed sections or restrictions ☐ Yes ☐ No	☐
	Proper insulation in place ☐ Yes ☐ No	☐
Condenser coil has been cleaned and inspected ☐	Condenser coil and fins are cleaned and brushed ☐ Yes ☐ No	☐
Condenser fan motor has been inspected ☐	Fan blade has a tight connection to the blower motor shaft ☐ Yes ☐ No	☐
	Fan can rotate freely ☐ Yes ☐ No	☐
	Fan is properly lubricated (if applicable) ☐ Yes ☐ No	☐
Inspect all electrical connections ☐	Tighten all electrical connections ☐ Yes ☐ No	☐
	Check voltage and amp draws on motors, capacitor and compressor ☐ Yes ☐ No	☐
Heat exchanger has been inspected (if applicable) ☐	Heat exchanger is operating properly ☐ Yes ☐ No	☐
Checked system for proper refrigerant charge level ☐	System was properly charged ☐ Yes ☐ No	☐
Refrigerant Type: ☐ R-22 ☐ R-410	Nameplate charge: _____ lbs. (4 to 20)	☐
	Amount of charge added: _____ oz. (Up to 64)	☐
	Amount of charge removed: _____ oz. (Up to 64)	☐
	(Pre) Record refrigerant pressures: _____ High (150 to 450) _____ Low (30 to 150)	☐
Outside temperature (°F): _____	(Post) Record refrigerant pressures: _____ High (150 to 450) _____ Low (30 to 150)	☐

UNIT INFORMATION

Unit Type (Select one): ☐ Packaged Terminal AC ☐ Split System AC ☐ Single Packaged AC ☐ Air-Cooled Chiller ☐ Water-Cooled Chiller ☐ Split System Heat Pump ☐ Single Packaged Heat Pump ☐ Packaged Terminal Heat Pump ☐ Geothermal Heat Pump

Manufacturer:	Unit Model Number:	Serial Number:	SEER:	EER:	COP:	HSPF:

Primary Heating Fuel:	Cooling Capacity Per Unit:	Heating Capacity (Btu/h):	IPLV Rating of Chiller:	Water Set Point of Chiller (30 to 70 °F):
☐ Electric ☐ Non-Electric ☐ None				

Reason: ☐ Retrofit ☐ Replace Broken ☐ New Install ☐ New Construction

Location: ☐ Rooftop ☐ Garage ☐ Outdoors, on Grade ☐ Mechanical Equipment Room

REBATE INFORMATION

Calculation	Rebate Amount
$60 per ton x _____ tons	$

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HVAC Upgrade

Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.

UNITARY AC SYSTEMS

1.

Item No. (on Rebate Chart)

Install Date:

Reason: ☐ New Install ☐ Retrofit ☐ Replace

Location: ☐ Rooftop ☐ Garage ☐ Outdoors, on Grade ☐ Mechanical Equipment Room

Heating System Type: ☐ Electric Resistance or None ☐ All Other

New Cooling Unit Information

Size of Cooling System (tons):	EER:	SEER (if system size is ≤5):	IEER (if system size is >5):

Product Make	Indoor Unit:	Outdoor Unit:	Fan:
Product Model No.	Indoor Unit:	Outdoor Unit:	Fan:
Product Serial No.	Indoor Unit:	Outdoor Unit:	Fan:

Old Cooling Unit Information

Size of Cooling System (tons):	Age of Unit:	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):	AFUE (if old unit is split/package AC with furnace heat):

Old Equipment Type (Please provide details in space provided):

☐ AC _____

☐ Heat Pump _____

☐ VFD _____

☐ Economizer _____

☐ Chiller _____

Product Make	Indoor Unit:	Outdoor Unit:	Fan:
Product Model No.	Indoor Unit:	Outdoor Unit:	Fan:
Product Serial No.	Indoor Unit:	Outdoor Unit:	Fan:

2.

Item No. (on Rebate Chart)

Install Date:

Reason: ☐ New Install ☐ Retrofit ☐ Replace

Location: ☐ Rooftop ☐ Garage ☐ Outdoors, on Grade ☐ Mechanical Equipment Room

Heating System Type: ☐ Electric Resistance or None ☐ All Other

New Cooling Unit Information

Size of Cooling System (tons):	EER:	SEER (if system size is ≤5):	IEER (if system size is >5):

Product Make	Indoor Unit:	Outdoor Unit:	Fan:
Product Model No.	Indoor Unit:	Outdoor Unit:	Fan:
Product Serial No.	Indoor Unit:	Outdoor Unit:	Fan:

Old Cooling Unit Information

Size of Cooling System (tons):	Age of Unit:	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):	AFUE (if old unit is split/package AC with furnace heat):

Old Equipment Type (Please provide details in space provided):

☐ AC _____

☐ Heat Pump _____

☐ VFD _____

☐ Economizer _____

☐ Chiller _____

Product Make	Indoor Unit:	Outdoor Unit:	Fan:
Product Model No.	Indoor Unit:	Outdoor Unit:	Fan:
Product Serial No.	Indoor Unit:	Outdoor Unit:	Fan:

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HVAC Upgrade (Continued)

Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.

HEAT PUMP SYSTEMS

1.

Item No. (on Rebate Chart)

Install Date:

Reason: ☐ New Install ☐ Retrofit ☐ Replace

Heating System Type: ☐ Electric Resistance or None ☐ All Other

Location: ☐ Rooftop ☐ Garage ☐ Outdoors, on Grade ☐ Mechanical Equipment Room

New Unit Information

Cooling Information	Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):
Heating Information	Heating Capacity (Btu/h):	COP (if heating capacity is >65k Btu/h):		HSPF (if heating capacity is ≤ 65k Btu/h):
Product Make	Indoor Unit:	Outdoor Unit:		Fan:
Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:
Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:

Old Unit Information

Age of Unit:

Old Equipment Type (Please provide details in space provided):

☐ Heat Pump _____ ☐ AC _____

☐ Economizer _____ ☐ VFD _____

☐ Chiller _____

Cooling Information	Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):
Heating Information	Heating Capacity (Btu/h):		COP (if heating capacity is >65k Btu/h):	
	HSPF (if heating capacity is ≤ 65k Btu/h):		AFUE (if old unit is split/package AC with furnace heat):	
Product Make	Indoor Unit:	Outdoor Unit:		Fan:
Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:
Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:

2.

Item No. (on Rebate Chart)

Install Date:

Reason: ☐ New Install ☐ Retrofit ☐ Replace

Heating System Type: ☐ Electric Resistance or None ☐ All Other

Location: ☐ Rooftop ☐ Garage ☐ Outdoors, on Grade ☐ Mechanical Equipment Room

New Unit Information

Cooling Information	Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):
Heating Information	Heating Capacity (Btu/h):	COP (if heating capacity is >65k Btu/h):		HSPF (if heating capacity is ≤ 65k Btu/h):
Product Make	Indoor Unit:	Outdoor Unit:		Fan:
Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:
Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:

Old Unit Information

Age of Unit:

Old Equipment Type (Please provide details in space provided):

☐ Heat Pump _____ ☐ AC _____

☐ Economizer _____ ☐ VFD _____

☐ Chiller _____

Cooling Information	Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):
Heating Information	Heating Capacity (Btu/h):		COP (if heating capacity is >65k Btu/h):	
	HSPF (if heating capacity is ≤ 65k Btu/h):		AFUE (if old unit is split/package AC with furnace heat):	
Product Make	Indoor Unit:	Outdoor Unit:		Fan:
Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:
Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:

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HVAC Upgrade (Continued)

Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.

ECONOMIZERS

Item No. (on Rebate Chart) | **Install Date:** | **Reason:** ☐ New Install ☐ Retrofit ☐ Replace | **Heating System Type:** ☐ Electric Resistance or None ☐ All Other | **Location:** ☐ Rooftop ☐ Garage ☐ Outdoors, on Grade ☐ Mechanical Equipment Room

1.

New Product Information

Size of Cooling System (tons): | Heating Capacity (Btu/h): | Economizer Type: ☐ Fixed Enthalpy ☐ Differential Enthalpy ☐ Fixed Temperature ☐ Differential Temperature

Product Make: | Product Model No: | Product Serial No:

Old Product Information

Size of Cooling System (tons): | Heating Capacity (Btu/h): | Economizer Type: ☐ Fixed Enthalpy ☐ Differential Enthalpy ☐ Fixed Temperature ☐ Differential Temperature ☐ None

Age of Unit: | Old Equipment Type: ☐ Packaged Unit with/without Broken Economizer ☐ Air Handler with/without Economizer

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Item No. (on Rebate Chart) | **Install Date:** | **Reason:** ☐ New Install ☐ Retrofit ☐ Replace | **Heating System Type:** ☐ Electric Resistance or None ☐ All Other | **Location:** ☐ Rooftop ☐ Garage ☐ Outdoors, on Grade ☐ Mechanical Equipment Room

2.

New Product Information

Size of Cooling System (tons): | Heating Capacity (Btu/h): | Economizer Type: ☐ Fixed Enthalpy ☐ Differential Enthalpy ☐ Fixed Temperature ☐ Differential Temperature

Product Make: | Product Model No: | Product Serial No:

Old Product Information

Size of Cooling System (tons): | Heating Capacity (Btu/h): | Economizer Type: ☐ Fixed Enthalpy ☐ Differential Enthalpy ☐ Fixed Temperature ☐ Differential Temperature ☐ None

Age of Unit: | Old Equipment Type: ☐ Packaged Unit with/without Broken Economizer ☐ Air Handler with/without Economizer

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Item No. (on Rebate Chart) | **Install Date:** | **Reason:** ☐ New Install ☐ Retrofit ☐ Replace | **Heating System Type:** ☐ Electric Resistance or None ☐ All Other | **Location:** ☐ Rooftop ☐ Garage ☐ Outdoors, on Grade ☐ Mechanical Equipment Room

3.

New Product Information

Size of Cooling System (tons): | Heating Capacity (Btu/h): | Economizer Type: ☐ Fixed Enthalpy ☐ Differential Enthalpy ☐ Fixed Temperature ☐ Differential Temperature

Product Make: | Product Model No: | Product Serial No:

Old Product Information

Size of Cooling System (tons): | Heating Capacity (Btu/h): | Economizer Type: ☐ Fixed Enthalpy ☐ Differential Enthalpy ☐ Fixed Temperature ☐ Differential Temperature ☐ None

Age of Unit: | Old Equipment Type: ☐ Packaged Unit with/without Broken Economizer ☐ Air Handler with/without Economizer

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HVAC Upgrade (Continued)

Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.

VARIABLE FREQUENCY DRIVES (VFDs)

1.

Item No. (on Rebate Chart)

Install Date:

Reason: ☐ New Install ☐ Retrofit ☐ Replace

Location: ☐ Rooftop ☐ Garage ☐ Outdoors, on Grade ☐ Mechanical Equipment Room

New Product Information

Product Make:

Product Model No:

Product Serial No:

Motor Efficiency per VFD (%):

Motor Horsepower:

Annual Run Hours of VFD (0 – 8,760 hours):

Motor Load Factor of VFD:

Control Signal Type:
☐ Fan: Average Zone Temp ☐ Fan: Duct Static Pressure ☐ Pump: Outside Air Temperature ☐ Pump: Average Zone Temperature
☐ Pump: AHU CHW/HHW Valve Position ☐ Pump: Loop Pressure Differential ☐ Other/Unknown

Application Type:
☐ Fan: Airfoil ☐ Fan: Backward Inclined ☐ Fan: Forward Curved ☐ Fan: Other/Unknown
☐ Pump: Chilled Water ☐ Pump: Condenser Water ☐ Pump: Hot Water ☐ Pump: Other/Unknown

Old Product Information

Age of Unit:

Motor Horsepower:

Old Equipment Type (Please provide details in space provided):
☐ Heat Pump_____ ☐ AC_____
☐ Economizer _____ ☐ VFD _____
☐ Chiller_____

Control Signal Type:
☐ Pump: Average Zone Temperature ☐ Pump: Outside Air Temperature ☐ Fan: Duct Static Pressure ☐ Fan: Average Zone Temp
☐ Pump: AHU CHW/HHW Valve Position ☐ Pump: Loop Pressure Differential ☐ None ☐ Other/Unknown

Fan Control Strategy Type:
☐ Airflow Inlet Control: Damper Box
☐ Airflow Inlet Control: Inlet Guide Vanes at FC, BI, AF Fan Types
☐ Airflow Inlet Control: Inlet Vane Damper
☐ Airflow Inlet Control: Other/Unknown
☐ Airflow Discharge Control: Dampers at FC, BI, AF Fan Types
☐ Unknown
☐ Airflow Discharge Control: Dampers at other Fan Types
☐ Airflow Discharge Control: Unknown Fan Type
☐ Duct Control: Static Pressure Controls, Med./High Pressure (≥1.0 inch w.g.)
☐ Duct Control: Static Pressure Controls, Low Pressure (<1.0 inch w.g.)
☐ Fan Motor Control: Eddy Current Drive

2.

Item No. (on Rebate Chart)

Install Date:

Reason: ☐ New Install ☐ Retrofit ☐ Replace

Location: ☐ Rooftop ☐ Garage ☐ Outdoors, on Grade ☐ Mechanical Equipment Room

New Product Information

Product Make:

Product Model No:

Product Serial No:

Motor Efficiency per VFD (%):

Motor Horsepower:

Annual Run Hours of VFD (0 – 8,760 hours):

Motor Load Factor of VFD:

Control Signal Type:
☐ Fan: Average Zone Temp ☐ Fan: Duct Static Pressure ☐ Pump: Outside Air Temperature ☐ Pump: Average Zone Temperature
☐ Pump: AHU CHW/HHW Valve Position ☐ Pump: Loop Pressure Differential ☐ Other/Unknown

Application Type:
☐ Fan: Airfoil ☐ Fan: Backward Inclined ☐ Fan: Forward Curved ☐ Fan: Other/Unknown
☐ Pump: Chilled Water ☐ Pump: Condenser Water ☐ Pump: Hot Water ☐ Pump: Other/Unknown

Old Product Information

Age of Unit:

Motor Horsepower:

Old Equipment Type (Please provide details in space provided):
☐ Heat Pump_____ ☐ AC_____
☐ Economizer _____ ☐ VFD _____
☐ Chiller_____

Control Signal Type:
☐ Pump: Average Zone Temperature ☐ Pump: Outside Air Temperature ☐ Fan: Duct Static Pressure ☐ Fan: Average Zone Temp
☐ Pump: AHU CHW/HHW Valve Position ☐ Pump: Loop Pressure Differential ☐ None ☐ Other/Unknown

Fan Control Strategy Type:
☐ Airflow Inlet Control: Damper Box
☐ Airflow Inlet Control: Inlet Guide Vanes at FC, BI, AF Fan Types
☐ Airflow Inlet Control: Inlet Vane Damper
☐ Airflow Inlet Control: Other/Unknown
☐ Airflow Discharge Control: Dampers at FC, BI, AF Fan Types
☐ Unknown
☐ Airflow Discharge Control: Dampers at other Fan Types
☐ Airflow Discharge Control: Unknown Fan Type
☐ Duct Control: Static Pressure Controls, Med./High Pressure (≥1.0 inch w.g.)
☐ Duct Control: Static Pressure Controls, Low Pressure (<1.0 inch w.g.)
☐ Fan Motor Control: Eddy Current Drive

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Thermostat Installation

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional.
Please use a new line for each new product installed and request for additional sheet if required.

Rebate Item No.	Outdoor Unit Model Number	Indoor Unit Model Number	Quantity Installed	Cooling Tons/Unit	Heating Btu/h	SEER	EER	IEER	COP	HSPF
1.										
2.										
3.										
4.										

Cooling System Type: ☐ Central A/C ☐ None

Heating System Type: ☐ Heat Pump: Air Source ☐ Heat Pump: Water Source ☐ Heat Pump: Ductless Mini Split ☐ Non-Electric ☐ None

System Cooling Capacity (tons):	System Heating Capacity (Btu/h):	No. of Units Installed:	New HVAC with Thermostat:	Primary Heating Fuel:
			☐ Yes ☐ No	☐ Electric ☐ Non-Electric

OLD THERMOSTAT INFORMATION

Manufacturer:	Model No:	Serial No:	Type: ☐ Manual ☐ Programmable

NEW THERMOSTAT INFORMATION

Manufacturer:	Model No:	Serial No:

Reason for Work Done: ☐ Retrofit Early Replacement ☐ New Construction ☐ Retrofit New Install ☐ Retrofit Replace Broken

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Lighting Measures

Rebate cannot be processed with any missing information. Please use a new line if you have a different fixture type (existing and new) and/or a different model number on your new fixture.

T8s, T5s and LEDs

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage
1.						

New Fixture Manufacturer: | New Fixture Model No:

Location (Indicate quantity in box): ☐ Garage ☐ Exit Sign ☐ Stairwell ☐ Interior Light (except exit light) ☐ Exterior Light (except garage)

New Lights installed in Conditioned Space? ☐ Yes ☐ No | Primary Heating Fuel: ☐ Electric ☐ Non-Electric ☐ None

Reason for Work Done: ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage
2						

New Fixture Manufacturer: | New Fixture Model No:

Location (Indicate quantity in box): ☐ Garage ☐ Exit Sign ☐ Stairwell ☐ Interior Light (except exit light) ☐ Exterior Light (except garage)

New Lights installed in Conditioned Space? ☐ Yes ☐ No | Primary Heating Fuel: ☐ Electric ☐ Non-Electric ☐ None

Reason for Work Done: ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage
3						

New Fixture Manufacturer: | New Fixture Model No:

Location (Indicate quantity in box): ☐ Garage ☐ Exit Sign ☐ Stairwell ☐ Interior Light (except exit light) ☐ Exterior Light (except garage)

New Lights installed in Conditioned Space? ☐ Yes ☐ No | Primary Heating Fuel: ☐ Electric ☐ Non-Electric ☐ None

Reason for Work Done: ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage
4						

New Fixture Manufacturer: | New Fixture Model No:

Location (Indicate quantity in box): ☐ Garage ☐ Exit Sign ☐ Stairwell ☐ Interior Light (except exit light) ☐ Exterior Light (except garage)

New Lights installed in Conditioned Space? ☐ Yes ☐ No | Primary Heating Fuel: ☐ Electric ☐ Non-Electric ☐ None

Reason for Work Done: ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft

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Lighting Measures (Continued)

Rebate cannot be processed with any missing information. Please use a new line if you have a different fixture type (existing and new) and/or a different model number on your new fixture.

T8s, T5s and LEDs (Continued)

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage
5						

New Fixture Manufacturer: | New Fixture Model No:

Location (Indicate quantity in box): ☐ Garage ☐ Exit Sign ☐ Stairwell ☐ Interior Light (except exit light) ☐ Exterior Light (except garage)

New Lights installed in Conditioned Space? ☐ Yes ☐ No | Primary Heating Fuel: ☐ Electric ☐ Non-Electric ☐ None

Reason for Work Done: ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage
6						

New Fixture Manufacturer: | New Fixture Model No:

Location (Indicate quantity in box): ☐ Garage ☐ Exit Sign ☐ Stairwell ☐ Interior Light (except exit light) ☐ Exterior Light (except garage)

New Lights installed in Conditioned Space? ☐ Yes ☐ No | Primary Heating Fuel: ☐ Electric ☐ Non-Electric ☐ None

Reason for Work Done: ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage
7						

New Fixture Manufacturer: | New Fixture Model No:

Location (Indicate quantity in box): ☐ Garage ☐ Exit Sign ☐ Stairwell ☐ Interior Light (except exit light) ☐ Exterior Light (except garage)

New Lights installed in Conditioned Space? ☐ Yes ☐ No | Primary Heating Fuel: ☐ Electric ☐ Non-Electric ☐ None

Reason for Work Done: ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage
8						

New Fixture Manufacturer: | New Fixture Model No:

Location (Indicate quantity in box): ☐ Garage ☐ Exit Sign ☐ Stairwell ☐ Interior Light (except exit light) ☐ Exterior Light (except garage)

New Lights installed in Conditioned Space? ☐ Yes ☐ No | Primary Heating Fuel: ☐ Electric ☐ Non-Electric ☐ None

Reason for Work Done: ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft

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Lighting Measures (Continued)

Rebate cannot be processed with any missing information.

OCCUPANCY SENSORS

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)
				Watts

Location (Indicate quantity in box):
- Garage
- Exit Sign
- Interior Light (except exit light)
- Exterior Light (except garage)

Reason for Work Done:
- ☐ Retrofit Early Replacement
- ☐ Retrofit Replace Broken
- ☐ New Construction: Light Power Density (0.01 to 3.00) _____ Watt/sq ft

1.

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)
				Watts

Location (Indicate quantity in box):
- Garage
- Exit Sign
- Interior Light (except exit light)
- Exterior Light (except garage)

Reason for Work Done:
- ☐ Retrofit Early Replacement
- ☐ Retrofit Replace Broken
- ☐ New Construction: Light Power Density (0.01 to 3.00) _____ Watt/sq ft

2.

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)
				Watts

Location (Indicate quantity in box):
- Garage
- Exit Sign
- Interior Light (except exit light)
- Exterior Light (except garage)

Reason for Work Done:
- ☐ Retrofit Early Replacement
- ☐ Retrofit Replace Broken
- ☐ New Construction: Light Power Density (0.01 to 3.00) _____ Watt/sq ft

3.

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)
				Watts

Location (Indicate quantity in box):
- Garage
- Exit Sign
- Interior Light (except exit light)
- Exterior Light (except garage)

Reason for Work Done:
- ☐ Retrofit Early Replacement
- ☐ Retrofit Replace Broken
- ☐ New Construction: Light Power Density (0.01 to 3.00) _____ Watt/sq ft

4.

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)
				Watts

Location (Indicate quantity in box):
- Garage
- Exit Sign
- Interior Light (except exit light)
- Exterior Light (except garage)

Reason for Work Done:
- ☐ Retrofit Early Replacement
- ☐ Retrofit Replace Broken
- ☐ New Construction: Light Power Density (0.01 to 3.00) _____ Watt/sq ft

5.

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)
				Watts

Location (Indicate quantity in box):
- Garage
- Exit Sign
- Interior Light (except exit light)
- Exterior Light (except garage)

Reason for Work Done:
- ☐ Retrofit Early Replacement
- ☐ Retrofit Replace Broken
- ☐ New Construction: Light Power Density (0.01 to 3.00) _____ Watt/sq ft

6.

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)
				Watts

Location (Indicate quantity in box):
- Garage
- Exit Sign
- Interior Light (except exit light)
- Exterior Light (except garage)

Reason for Work Done:
- ☐ Retrofit Early Replacement
- ☐ Retrofit Replace Broken
- ☐ New Construction: Light Power Density (0.01 to 3.00) _____ Watt/sq ft

7.

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)
				Watts

Location (Indicate quantity in box):
- Garage
- Exit Sign
- Interior Light (except exit light)
- Exterior Light (except garage)

Reason for Work Done:
- ☐ Retrofit Early Replacement
- ☐ Retrofit Replace Broken
- ☐ New Construction: Light Power Density (0.01 to 3.00) _____ Watt/sq ft

8.

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)
				Watts

Location (Indicate quantity in box):
- Garage
- Exit Sign
- Interior Light (except exit light)
- Exterior Light (except garage)

Reason for Work Done:
- ☐ Retrofit Early Replacement
- ☐ Retrofit Replace Broken
- ☐ New Construction: Light Power Density (0.01 to 3.00) _____ Watt/sq ft

9.

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)
				Watts

Location (Indicate quantity in box):
- Garage
- Exit Sign
- Interior Light (except exit light)
- Exterior Light (except garage)

Reason for Work Done:
- ☐ Retrofit Early Replacement
- ☐ Retrofit Replace Broken
- ☐ New Construction: Light Power Density (0.01 to 3.00) _____ Watt/sq ft

10.

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Lighting Measures (Continued)

Rebate cannot be processed with any missing information.

OCCUPANCY SENSORS

Item No. (on Rebate Chart)	Existing Fixture Type	Existing Quantity	Existing Wattage	New Quantity	New Wattage	New Low Power Wattage	New Fixture Model No.	Occupancy Sensor Connected Load (0 to 1,000)
1.								Watts
	Location: ☐ Stairwell	Reason for Work Done (Check one): ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
2.								Watts
	Location: ☐ Stairwell	Reason for Work Done (Check one): ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
3.								Watts
	Location: ☐ Stairwell	Reason for Work Done (Check one): ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
4.								Watts
	Location: ☐ Stairwell	Reason for Work Done (Check one): ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
5.								Watts
	Location: ☐ Stairwell	Reason for Work Done (Check one): ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
6.								Watts
	Location: ☐ Stairwell	Reason for Work Done (Check one): ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
7.								Watts
	Location: ☐ Stairwell	Reason for Work Done (Check one): ☐ Retrofit Early Replacement ☐ Retrofit Replace Broken ☐ New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						

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Refrigeration

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Each line represents a measure entry per refrigeration unit. Please use a new form if you exceed the space for each measure.

EVAPORATOR FANS WITH ECM

Item No.	Quantity Installed	Refrigeration Door Type	Refrigeration System Information	Pre-ECM Load	Post-ECM Load
1.		☐ Walk-in ☐ Reach-in Fan Motor Size (hp)	Manufacturer: / Model No: / Refrig. System Rated Capacity (Btu/h): Phase: ☐ 1 ☐ 3 Freezer/Refrigerator: ☐ Freezer (low or medium temperature) ☐ Refrigerator/cooler (high temperature) ☐ Unrefrigerated Location: ☐ Outdoors, on grade ☐ Outdoors, rooftop ☐ Rooftop penthouse ☐ Store, customer area ☐ Store, back of house Refrig. System Age:* / Compressor Type:* ☐ Standard Reciprocating ☐ Discus ☐ Scroll ☐ Scroll / Compressor System Configuration:* ☐ Standalone ☐ Standalone with VSD ☐ Parallel equal multiplex / Compressor Voltage: / Compressor Amps:		
2.		☐ Walk-in ☐ Reach-in Fan Motor Size (hp)	Manufacturer: / Model No: / Refrig. System Rated Capacity (Btu/h): Phase: ☐ 1 ☐ 3 Freezer/Refrigerator: ☐ Freezer (low or medium temperature) ☐ Refrigerator/cooler (high temperature) ☐ Unrefrigerated Location: ☐ Outdoors, on grade ☐ Outdoors, rooftop ☐ Rooftop penthouse ☐ Store, customer area ☐ Store, back of house Refrig. System Age:* / Compressor Type:* ☐ Standard Reciprocating ☐ Discus ☐ Scroll ☐ Scroll / Compressor System Configuration:* ☐ Standalone ☐ Standalone with VSD ☐ Parallel equal multiplex / Compressor Voltage: / Compressor Amps:		

NIGHT COVERS

Item No.	Length of Night Cover (ft.)	Refrigeration System Information
1.		Manufacturer: / Model No: / Refrig. System Rated Capacity (Btu/h): Phase: ☐ 1 ☐ 3 Freezer/Refrigerator: ☐ Freezer (low or medium temperature) ☐ Refrigerator/cooler (high temperature) ☐ Unrefrigerated Location: ☐ Outdoors, on grade ☐ Store, customer area ☐ Store, back of house Compressor System Configuration:* ☐ Standalone ☐ Standalone with VSD ☐ Parallel equal multiplex Refrig. System Age:* / Compressor Type* ☐ Standard Reciprocating ☐ Discus ☐ Scroll / Compressor Amps: / Compressor Voltage:
2.		Manufacturer: / Model No: / Refrig. System Rated Capacity (Btu/h): Phase: ☐ 1 ☐ 3 Freezer/Refrigerator: ☐ Freezer (low or medium temperature) ☐ Refrigerator/cooler (high temperature) ☐ Unrefrigerated Location: ☐ Outdoors, on grade ☐ Store, customer area ☐ Store, back of house Compressor System Configuration:* ☐ Standalone ☐ Standalone with VSD ☐ Parallel equal multiplex Refrig. System Age:* / Compressor Type* ☐ Standard Reciprocating ☐ Discus ☐ Scroll / Compressor Amps: / Compressor Voltage:

ANTI-SWEAT DOOR FILM

Item No.	No. of Refrig. Doors	Size of Door Film (sq. ft.)	ASD Heat (Watts)	Refrigeration System Information
1.				Manufacturer: / Phase: ☐ 1 ☐ 3 / Refrig. System Load: Freezer/Refrigerator Type: ☐ Freezer (low or medium temperature) ☐ Refrigerator/Cooler (high temperature) ☐ Unrefrigerated

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Refrigeration (Continued)

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a new form if you exceed the space for each measure.

ASDH (ANTI-SWEAT) DOOR HEATER CONTROLS

Item No.	No. of Refrig. Doors	Refrigeration System Information				ASD Heat (Watts)	ASD Heat Control Type*
1.		Manufacturer:		Model No:			☐ None ☐ On/Off ☐ Micropulse
		Phase: ☐ 1 ☐ 3	Freezer/Refrigerator: ☐ Freezer (low or medium temperature) ☐ Refrigerator/cooler (high temperature) ☐ Unrefrigerated	Location: ☐ Outdoors, on grade ☐ Outdoors, rooftop ☐ Rooftop penthouse ☐ Store, customer area ☐ Store, back of house			
		Refrig. System Rated Capacity (Btu/h):	Refrig. System Age:*	Compressor Voltage:	Compressor Amps:		
2.		Manufacturer:		Model No:			☐ None ☐ On/Off ☐ Micropulse
		Phase: ☐ 1 ☐ 3	Freezer/Refrigerator: ☐ Freezer (low or medium temperature) ☐ Refrigerator/cooler (high temperature) ☐ Unrefrigerated	Location: ☐ Outdoors, on grade ☐ Outdoors, rooftop ☐ Rooftop penthouse ☐ Store, customer area ☐ Store, back of house			
		Refrig. System Rated Capacity (Btu/h):	Refrig. System Age:*	Compressor Voltage:	Compressor Amps:		

EVAPORATOR FAN CONTROLS

Item No.	Quantity Installed	Evaporator Fan Motor Horsepower	Motor Type	Refrigeration System Information				Forced Air Controller Type:*
1.			☐ PSC Motor ☐ ECM Motor ☐ Unknown	Manufacturer:		Model No:		☐ On/Off ☐ Multi-Speed ☐ Unknown ☐ None
				Phase: ☐ 1 ☐ 3	Freezer/Refrigerator: ☐ Freezer (low or medium temperature) ☐ Refrigerator/cooler (high temperature) ☐ Unrefrigerated	Location: ☐ Outdoors, on grade ☐ Outdoors, rooftop ☐ Rooftop penthouse ☐ Store, customer area ☐ Store, back of house		
				Refrig. System Rated Capacity (Btu/h):	Refrig. System Age:*	Compressor Voltage:	Compressor Amps:	
				Compressor Type:* ☐ Standard Reciprocating ☐ Discus ☐ Scroll		Compressor System Configuration:* ☐ Standalone ☐ Parallel equal multiplex ☐ Standalone with VSD		
2.			☐ PSC Motor ☐ ECM Motor ☐ Unknown	Manufacturer:		Model No:		☐ On/Off ☐ Multi-Speed ☐ Unknown ☐ None
				Phase: ☐ 1 ☐ 3	Freezer/Refrigerator: ☐ Freezer (low or medium temperature) ☐ Refrigerator/cooler (high temperature) ☐ Unrefrigerated	Location: ☐ Outdoors, on grade ☐ Outdoors, rooftop ☐ Rooftop penthouse ☐ Store, customer area ☐ Store, back of house		
				Refrig. System Rated Capacity (Btu/h):	Refrig. System Age:*	Compressor Voltage:	Compressor Amps:	
				Compressor Type:* ☐ Standard Reciprocating ☐ Discus ☐ Scroll		Compressor System Configuration:* ☐ Standalone ☐ Parallel equal multiplex ☐ Standalone with VSD		

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Refrigeration (Continued)

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a new form if you exceed the space for each measure.

AUTO CLOSERS, DOOR GASKETS AND STRIP CURTAINS

AUTO CLOSERS

Item No.	Quantity Installed:	No. of Doors:

DOOR GASKETS

Item No.	Length of Gaskets (ft.):	No. of Doors:

STRIP CURTAINS

Item No.	Quantity Installed:	Area of Curtain (sq. ft.)	No. of Doors:

Refrigeration Door Type

- ☐ Walk-in
- ☐ Reach-in

Refrigeration System Information

Manufacturer:

Model No:

Phase:
- ☐ 1
- ☐ 3

Freezer/Refrigerator:
- ☐ Freezer (low or medium temperature)
- ☐ Refrigerator/cooler (high temperature)
- ☐ Unrefrigerated

Location:
- ☐ Outdoors, on grade
- ☐ Store, customer area
- ☐ Store, back of house

Refrig. System Rated Capacity (Btu/h):

Compressor Type:*
- ☐ Standard Reciprocating
- ☐ Scroll
- ☐ Discus

Compressor System Voltage:

Compressor System Amps:

Refrig. System Age:*

Compressor System Configuration:*
- ☐ Standalone
- ☐ Standalone with VSD
- ☐ Parallel equal multiplex

AUTO CLOSERS

Item No.	Quantity Installed:	No. of Doors:

DOOR GASKETS

Item No.	Length of Gaskets (ft.):	No. of Doors:

STRIP CURTAINS

Item No.	Quantity Installed:	Area of Curtain (sq. ft.)	No. of Doors:

Refrigeration Door Type

- ☐ Walk-in
- ☐ Reach-in

Refrigeration System Information

Manufacturer:

Model No:

Phase:
- ☐ 1
- ☐ 3

Freezer/Refrigerator:
- ☐ Freezer (low or medium temperature)
- ☐ Refrigerator/cooler (high temperature)
- ☐ Unrefrigerated

Location:
- ☐ Outdoors, on grade
- ☐ Store, customer area
- ☐ Store, back of house

Refrig. System Rated Capacity (Btu/h):

Compressor Type:*
- ☐ Standard Reciprocating
- ☐ Scroll
- ☐ Discus

Compressor System Voltage:

Compressor System Amps:

Refrig. System Age:*

Compressor System Configuration:*
- ☐ Standalone
- ☐ Standalone with VSD
- ☐ Parallel equal multiplex

VENDING MACHINE CONTROLS

Item No.	Quantity Installed	Existing/Old Vending Machine Power Draw (kW)	Door Type	Vending Machine Type	Location	Location Conditioned	
1.			☐ Reach-In	☐ Refrigerated beverage vending machines ☐ Non-refrigerated snack vending machines ☐ Glass front refrigerated coolers	☐ Outdoors, on grade ☐ Store, customer area ☐ Store, back of house	☐ Yes ☐ No	Manufacturer: Model No:
2.			☐ Reach-In	☐ Refrigerated beverage vending machines ☐ Non-refrigerated snack vending machines ☐ Glass front refrigerated coolers	☐ Outdoors, on grade ☐ Store, customer area ☐ Store, back of house	☐ Yes ☐ No	Manufacturer: Model No:
3.			☐ Reach-In	☐ Refrigerated beverage vending machines ☐ Non-refrigerated snack vending machines ☐ Glass front refrigerated coolers	☐ Outdoors, on grade ☐ Store, customer area ☐ Store, back of house	☐ Yes ☐ No	Manufacturer: Model No:

REASON FOR WORK PERFORMED

Check one: ☐ Retrofit ☐ Replace Broken ☐ New Construction ☐ New Install

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Refrigeration (Continued)

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a new form if you exceed the space for each measure.

COIL CLEANING

Item No.	No. of Systems Serviced	Amount of Dust Per System (Pre)	Amount of Dust Per System (Post)	Refrigeration System Information
1.		☐ Clean ☐ Light ☐ Medium ☐ Heavy	☐ Clean ☐ Light ☐ Medium ☐ Heavy	Manufacturer: Phase: ☐ 1 ☐ 3 Refrig. System Load: Compressor Type:* ☐ Standard Reciprocating ☐ Discus ☐ Scroll Freezer/Refrigerator Type: ☐ Freezer (low or medium temperature) ☐ Refrigerator/Cooler (high temperature) ☐ Unrefrigerated Refrig. System Age:* Compressor Voltage:* Compressor System Configuration:* ☐ Standalone ☐ Standalone with VSD ☐ Parallel unequal multiplex ☐ Parallel equal multiplex Compressor Amps:*
2.		☐ Clean ☐ Light ☐ Medium ☐ Heavy	☐ Clean ☐ Light ☐ Medium ☐ Heavy	Manufacturer: Phase: ☐ 1 ☐ 3 Refrig. System Load: Compressor Type:* ☐ Standard Reciprocating ☐ Discus ☐ Scroll Freezer/Refrigerator Type: ☐ Freezer (low or medium temperature) ☐ Refrigerator/Cooler (high temperature) ☐ Unrefrigerated Refrig. System Age:* Compressor Voltage:* Compressor System Configuration:* ☐ Standalone ☐ Standalone with VSD ☐ Parallel unequal multiplex ☐ Parallel equal multiplex Compressor Amps:*
3.		☐ Clean ☐ Light ☐ Medium ☐ Heavy	☐ Clean ☐ Light ☐ Medium ☐ Heavy	Manufacturer: Phase: ☐ 1 ☐ 3 Refrig. System Load: Compressor Type:* ☐ Standard Reciprocating ☐ Discus ☐ Scroll Freezer/Refrigerator Type: ☐ Freezer (low or medium temperature) ☐ Refrigerator/Cooler (high temperature) ☐ Unrefrigerated Refrig. System Age:* Compressor Voltage:* Compressor System Configuration:* ☐ Standalone ☐ Standalone with VSD ☐ Parallel unequal multiplex ☐ Parallel equal multiplex Compressor Amps:*

Dominion Energy®

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Dominion Energy Account Number:

DEV-SBIE-7AM_v0826

Window Film

Rebate cannot be processed with any missing information.

WINDOW DATA

All NORTH–Facing Windows

Window Film Type:	☐ Low-E ☐ Neutral	☐ Reflective ☐ Dual Reflective	☐ Spectrally Selective ☐ Outdoor Decorative	
Window Type:	☐ Single	☐ Double		
Window Frame Type:	☐ Metal ☐ Aluminum	☐ Vinyl ☐ Composite	☐ Wood	☐ Fiberglass
Is Low-E present?	☐ Yes	☐ No		

Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

All EAST–Facing Windows

Window Film Type:	☐ Low-E ☐ Neutral	☐ Reflective ☐ Dual Reflective	☐ Spectrally Selective ☐ Outdoor Decorative	
Window Type:	☐ Single	☐ Double		
Window Frame Type:	☐ Metal ☐ Aluminum	☐ Vinyl ☐ Composite	☐ Wood	☐ Fiberglass
Is Low-E present?	☐ Yes	☐ No		

Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

All WEST–Facing Windows

Window Film Type:	☐ Low-E ☐ Neutral	☐ Reflective ☐ Dual Reflective	☐ Spectrally Selective ☐ Outdoor Decorative	
Window Type:	☐ Single	☐ Double		
Window Frame Type:	☐ Metal ☐ Aluminum	☐ Vinyl ☐ Composite	☐ Wood	☐ Fiberglass
Is Low-E present?	☐ Yes	☐ No		

Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

All SOUTH–Facing Windows

Window Film Type:	☐ Low-E ☐ Neutral	☐ Reflective ☐ Dual Reflective	☐ Spectrally Selective ☐ Outdoor Decorative	
Window Type:	☐ Single	☐ Double		
Window Frame Type:	☐ Metal ☐ Aluminum	☐ Vinyl ☐ Composite	☐ Wood	☐ Fiberglass
Is Low-E present?	☐ Yes	☐ No		

Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

BUILDING DATA

Year Structure was Built	Total Sq Ft of Building	Reason
		☐ Retrofit ☐ New Construction ☐ Replace Deteriorated

Old Cooling System Type	Cooling System Capacity Per Unit (tons)	Old Heating System Type	Heating System Capacity Per Unit (Btu/hr)	Primary Heating Fuel
☐ Air-Cooled Chiller ☐ Water-Cooled Chiller ☐ Rooftop DX ☐ PTAC ☐ PTHP ☐ Hydronic Heat Pump		☐ Boiler ☐ Furnace ☐ PTAC ☐ Heat Pump Packaged ☐ PTHP ☐ Heat Pump Split		☐ Electric ☐ Non-Electric ☐ None

REBATE DATA

Final SHGC level after film installation must be ≤ 0.5 in order to be eligible for rebate.

SHGC Improvement	Rebate Incentive
≥ 0.2	$1.00 per sq ft x _____ sq ft = $ _____

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Building Type

Rebate cannot be processed with any missing information.

Please select one:

- ☐ Education – Elementary and Middle School
- ☐ Education – High School
- ☐ Education – College and University
- ☐ Food Sales – Convenience Store
- ☐ Food Sales – Gas Station Convenience Store
- ☐ Food Sales – Grocery
- ☐ Food Service – Fast Food
- ☐ Food Service – Full Service
- ☐ Health Care – Inpatient
- ☐ Health Care – Outpatient
- ☐ Lodging – Hotel, Motel and Dormitory
- ☐ Mercantile – Mall
- ☐ Mercantile – Retail (not Mall)
- ☐ Office – Large (≥40,000 sq ft)
- ☐ Office – Small (<40,000 sq ft)
- ☐ Public Assembly
- ☐ Public Order and Safety – Police and Fire Station
- ☐ Religious Worship
- ☐ Service – Beauty, Auto Repair Workshop
- ☐ Warehouse and Storage
- ☐ Other _____